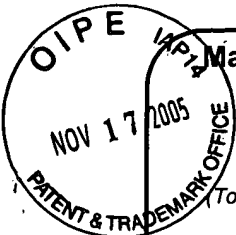


11-18-05

ITW



Mail Stop Amendment

# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Express Mail Label No.: EL 997384699 US

Total Number of Pages in This Submission: 16

Application Number 10/792,180

Filing Date March 3, 2004

Confirmation Number 4931

Inventor(s) RUSSELL

Group Art Unit 2878

Examiner Taningco, M.

Attorney Docket No. 02-68

## ENCLOSURES (check all that apply)

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br>(submit in duplicate) | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet       |
| <input type="checkbox"/> Fee Attached \$ <input type="text"/>                     | <input type="checkbox"/> Cover Sheet  | <input type="checkbox"/> After Allowance Communication to Group                            |
| Check No.: <input type="text"/>   | <input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment / Response                          | <input type="checkbox"/> Request for Return of PTO-1449 Forms                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to the Commissioner                               | <input type="checkbox"/> Request for Continued Examination (RCE)                           |
| <input type="checkbox"/> Affidavits / Declaration(s)                              | <input type="checkbox"/> To Convert a Provisional Application                       | <input type="checkbox"/> Status Request Letter   |
| <input type="checkbox"/> Extension of Time Request                                | <input type="checkbox"/> Power of Attorney, Revocation Change of Address            | <input type="checkbox"/> Small Entity Statement  |
| <input type="checkbox"/> Information Disclosure Statement                         | <input type="checkbox"/> Terminal Disclaimer(s)                                     | <input type="checkbox"/> Request for Refund  |
| <input type="checkbox"/> Form PTO-1449  | <input type="checkbox"/> Certified Copy of Priority Document(s)                     | <input type="checkbox"/> Response to Missing Parts / Incomplete Application                |
| <input type="checkbox"/> Cited References   | <input checked="" type="checkbox"/> Certificate of Mailing by Express Mail          |  |
| <input type="checkbox"/> Search report  |   |  |
| <input type="checkbox"/> Drawing(s): Number of Pages <input type="text"/>         | <input type="checkbox"/> Other Enclosure(s): <input type="text"/>                   |  |
| Number of Figs. <input type="text"/> and cover sheet                              |   |  |
| <input type="checkbox"/> Formal   |   |  |
| <input type="checkbox"/> Informal   |   |  |

Current Due Date: November 17, 2005

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                        |  |
|------------------------|--|
| Individual and Company | Michael W. Haas, Reg. No. 35,174<br>RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrys ville PA, 15668 |
| Signature              | <i>Michael W. Haas</i>   |
| Date                   | November 17, 2005  |

## CERTIFICATE OF MAILING

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:

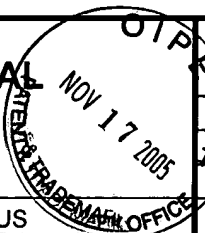
Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: November 17, 2005.

Express Mail Label No. EL 997384699 US.

|            |                                  |      |                   |
|------------|----------------------------------|------|-------------------|
| Typed Name | Michael W. Haas, Reg. No. 35,174 |      |                   |
| Signature  | <i>Michael W. Haas</i>           | Date | November 17, 2005 |

**FEE TRANSMITTAL**

(Effective 12/08/2004)



|                      |               |
|----------------------|---------------|
| Application Number   | 10/792,180    |
| Filing Date          | March 3, 2004 |
| First Named Inventor | RUSSELL       |
| Confirmation Number  | 4931          |
| Group Art Unit       | 2878          |
| Examiner's Name      | Taningco, M.  |
| Attorney Docket No.  | 02-68         |

"Express Mail" Label No. EL 997384699 US

**TOTAL AMOUNT OF PAYMENT** \$ 0.00

| METHOD OF PAYMENT  |                       |   |                 |  | FEE CALCULATION (continued)  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
|--|-----------------------|---|-----------------|--|--|----------------|----------------|--------------|-----------------|----------------|-----------------|---|-----------------|-----------------|-----------|-------|-------------------------------|-------|-------|--|-----------------------|-----------------------|-----------------|---------|---------|---------------------------|----------|----------|-----------------------------------|-------------|----------|--|----------|----------|---|---------|---------|--|--|------|-----|------|----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-------|------|-------|---|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-------|------|-----|--------------------------|--|------|-----|------|-----|--|--|------|-------|------|-----|--|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|----|----------------------|--|------|-----|------|-----|---------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|-----------------|--|---------------------------|--|--|--|--|--|
| <b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br>Deposit Account Number _____<br>Deposit Account Name _____<br><br><input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 and 1.20 <input type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18   |                       |   |                 |  | <b>3. APPLICATION SIZE FEE</b><br>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s).<br><table><tr><td>Total Sheets</td><td>Extra Sheets</td><td>Number of each additional 50 fraction thereof</td><td>Fee(\$)</td><td>Fee Paid(\$)</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></table><br>_____ -100 = _____ /50 = _____ (round up to a whole number) X 250 = <u>0.00</u>   |                |                |              |                 | Total Sheets   | Extra Sheets    | Number of each additional 50 fraction thereof | Fee(\$)         | Fee Paid(\$)    | _____     | _____ | _____                         | _____ | _____ |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| Total Sheets   | Extra Sheets          | Number of each additional 50 fraction thereof           | Fee(\$)         | Fee Paid(\$)   |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| _____  | _____                 | _____   | _____           | _____  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| <b>2.</b> <input type="checkbox"/> Payment Enclosed:<br>Check (Check No. _____)  |                       |   |                 |  | <b>4. ADDITIONAL FEES</b> <table><thead><tr><th>Large Fee Code</th><th>Entity Fee (\$)</th><th>Small Fee Code</th><th>Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or declaration</td><td></td></tr><tr><td>1811</td><td>100</td><td>1811</td><td>100</td><td>Certificate of Correction</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr><tr><td>576</td><td>25</td><td>576</td><td>25</td><td>Additional filing receipt, duplicate or corrected due to applicant error</td><td></td></tr><tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Extension for response within first month</td><td></td></tr><tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for response within second month</td><td></td></tr><tr><td>1253</td><td>1,020</td><td>2253</td><td>510</td><td>Extension for response within third month</td><td></td></tr><tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td><td>Extension for response within fourth month</td><td></td></tr><tr><td>1255</td><td>2,160</td><td>2255</td><td>1,080</td><td>Extension for response within fifth month</td><td></td></tr><tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>1,000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td></td></tr><tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive unavoidably abandoned application</td><td></td></tr><tr><td>1453</td><td>1,500</td><td>2453</td><td>750</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr><tr><td>1501</td><td>1,400</td><td>2501</td><td>700</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td>Design issue fee</td><td></td></tr><tr><td>1814</td><td>130</td><td>2814</td><td>65</td><td>Statutory Disclaimer</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Director</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of property)</td><td></td></tr><tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination</td><td></td></tr><tr><td>1504</td><td>300</td><td>1504</td><td>300</td><td>Publication Fee</td><td></td></tr><tr><td colspan="5">Other Fee (specify) _____</td><td></td></tr></tbody></table> |                |                |              |                 | Large Fee Code | Entity Fee (\$) | Small Fee Code                                | Entity Fee (\$) | Fee Description | Fee Paid  | 1051  | 130                           | 2051  | 65    | Surcharge - late filing fee or declaration |                       | 1811                  | 100             | 1811    | 100     | Certificate of Correction |          | 1812     | 2,520                             | 1812        | 2,520    | For filing a request for reexamination |          | 576      | 25  | 576     | 25      | Additional filing receipt, duplicate or corrected due to applicant error |  | 1251 | 120 | 2251 | 60 | Extension for response within first month |  | 1252 | 450 | 2252 | 225 | Extension for response within second month |  | 1253 | 1,020 | 2253 | 510 | Extension for response within third month |  | 1254 | 1,590 | 2254 | 795 | Extension for response within fourth month |  | 1255 | 2,160 | 2255 | 1,080 | Extension for response within fifth month |  | 1401 | 500 | 2401 | 250 | Notice of Appeal |  | 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal |  | 1403 | 1,000 | 2403 | 500 | Request for oral hearing |  | 1452 | 500 | 2452 | 250 | Petition to revive unavoidably abandoned application |  | 1453 | 1,500 | 2453 | 750 | Petition to revive unintentionally abandoned application |  | 1501 | 1,400 | 2501 | 700 | Utility issue fee (or reissue) |  | 1502 | 800 | 2502 | 400 | Design issue fee |  | 1814 | 130 | 2814 | 65 | Statutory Disclaimer |  | 1460 | 130 | 1460 | 130 | Petitions to the Director |  | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of property) |  | 1801 | 790 | 2801 | 395 | Request for Continued Examination |  | 1504 | 300 | 1504 | 300 | Publication Fee |  | Other Fee (specify) _____ |  |  |  |  |  |
| Large Fee Code   | Entity Fee (\$)       | Small Fee Code  | Entity Fee (\$) | Fee Description  | Fee Paid   |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1051   | 130                   | 2051  | 65              | Surcharge - late filing fee or declaration                               |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1811   | 100                   | 1811  | 100             | Certificate of Correction  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1812   | 2,520                 | 1812  | 2,520           | For filing a request for reexamination                                   |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 576  | 25                    | 576   | 25              | Additional filing receipt, duplicate or corrected due to applicant error |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1251   | 120                   | 2251  | 60              | Extension for response within first month                                |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1252   | 450                   | 2252  | 225             | Extension for response within second month                               |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1253   | 1,020                 | 2253  | 510             | Extension for response within third month                                |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1254   | 1,590                 | 2254  | 795             | Extension for response within fourth month                               |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1255   | 2,160                 | 2255  | 1,080           | Extension for response within fifth month                                |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1401   | 500                   | 2401  | 250             | Notice of Appeal   |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1402   | 500                   | 2402  | 250             | Filing a brief in support of an appeal                                   |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1403   | 1,000                 | 2403  | 500             | Request for oral hearing   |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1452   | 500                   | 2452  | 250             | Petition to revive unavoidably abandoned application                     |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1453   | 1,500                 | 2453  | 750             | Petition to revive unintentionally abandoned application                 |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1501   | 1,400                 | 2501  | 700             | Utility issue fee (or reissue)   |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1502   | 800                   | 2502  | 400             | Design issue fee   |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1814   | 130                   | 2814  | 65              | Statutory Disclaimer   |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1460   | 130                   | 1460  | 130             | Petitions to the Director  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1807   | 50                    | 1807  | 50              | Petitions related to provisional applications                            |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1806   | 180                   | 1806  | 180             | Submission of Information Disclosure Stmt                                |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 8021   | 40                    | 8021  | 40              | Recording each patent assignment per property (times number of property) |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1801   | 790                   | 2801  | 395             | Request for Continued Examination  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1504   | 300                   | 1504  | 300             | Publication Fee  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| Other Fee (specify) _____  |                       |   |                 |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| <b>FEE CALCULATION (fees effective 12/08/2004)</b>   |                       |   |                 |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| <b>1. BASIC FILING, SEARCH, AND EXAM FEES</b><br>(Large Entity Only) <table><thead><tr><th>Appln. Type</th><th>Filing Fee(\$)</th><th>Search Fee(\$)</th><th>Exam Fee(\$)</th><th>Fees Paid</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>500</td><td>200</td><td></td></tr><tr><td>Design</td><td>200</td><td>100</td><td>130</td><td></td></tr><tr><td>Plant</td><td>200</td><td>300</td><td>160</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>500</td><td>600</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>0</td><td>0</td><td></td></tr></tbody></table><br><b>SUBTOTAL (1)</b> \$ 0.00   |                       |   |                 |  | Appln. Type  | Filing Fee(\$) | Search Fee(\$) | Exam Fee(\$) | Fees Paid       | Utility        | 300             | 500   | 200             |                 | Design    | 200   | 100                           | 130   |       | Plant                                      | 200                   | 300                   | 160             |         | Reissue | 300                       | 500      | 600      |                                   | Provisional | 200      | 0                                      | 0        |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| Appln. Type  | Filing Fee(\$)        | Search Fee(\$)  | Exam Fee(\$)    | Fees Paid  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| Utility  | 300                   | 500   | 200             |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| Design   | 200                   | 100   | 130             |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| Plant  | 200                   | 300   | 160             |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| Reissue  | 300                   | 500   | 600             |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| Provisional  | 200                   | 0   | 0               |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| <b>2. CLAIMS</b> <table><thead><tr><th></th><th>Extra Claims</th><th>Fee from Below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims 10</td><td>- 20 *</td><td>0 x 25 =</td><td>0.00</td></tr><tr><td>Ind. Claims 4</td><td>- 5 *</td><td>0 x 100 =</td><td>0.00</td></tr><tr><td>Multiple Dependent Claims add</td><td></td><td>360 =</td><td>0.00</td></tr></tbody></table><br>* Enter Highest Number Previous Paid For<br><table><thead><tr><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>1202 50</td><td>2202 25</td><td>Claims in excess of 20</td></tr><tr><td>1201 200</td><td>2201 100</td><td>Independent claims in excess of 3</td></tr><tr><td>1203 360</td><td>2203 180</td><td>Multiple dependent claim</td></tr><tr><td>1204 200</td><td>2204 100</td><td>Reissue independent claims over original patent</td></tr><tr><td>1205 50</td><td>2205 25</td><td>Reissue claims in excess of 20 and over original patent</td></tr></tbody></table><br><b>SUBTOTAL (2)</b> \$ 0.00 |                       |   |                 |  |  | Extra Claims   | Fee from Below | Fee Paid     | Total Claims 10 | - 20 *         | 0 x 25 =        | 0.00  | Ind. Claims 4   | - 5 *           | 0 x 100 = | 0.00  | Multiple Dependent Claims add |       | 360 = | 0.00                                       | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | 1202 50 | 2202 25 | Claims in excess of 20    | 1201 200 | 2201 100 | Independent claims in excess of 3 | 1203 360    | 2203 180 | Multiple dependent claim               | 1204 200 | 2204 100 | Reissue independent claims over original patent | 1205 50 | 2205 25 | Reissue claims in excess of 20 and over original patent                  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
|  | Extra Claims          | Fee from Below  | Fee Paid        |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| Total Claims 10  | - 20 *                | 0 x 25 =  | 0.00            |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| Ind. Claims 4  | - 5 *                 | 0 x 100 =   | 0.00            |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| Multiple Dependent Claims add  |                       | 360 =   | 0.00            |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| Large Entity Fee (\$)  | Small Entity Fee (\$) | Fee Description   |                 |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1202 50  | 2202 25               | Claims in excess of 20                                  |                 |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1201 200   | 2201 100              | Independent claims in excess of 3                       |                 |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1203 360   | 2203 180              | Multiple dependent claim                                |                 |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1204 200   | 2204 100              | Reissue independent claims over original patent         |                 |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
| 1205 50  | 2205 25               | Reissue claims in excess of 20 and over original patent |                 |  |  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |
|  |                       |   |                 |  | <b>SUBTOTAL (3)</b> \$ 0.00  |                |                |              |                 |                |                 |   |                 |                 |           |       |                               |       |       |  |                       |                       |                 |         |         |                           |          |          |                                   |             |          |  |          |          |   |         |         |  |  |      |     |      |    |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |       |      |     |                          |  |      |     |      |     |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |                                   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |

**SUBMITTED BY**

|                       |                 |                        |                   |
|-----------------------|-----------------|------------------------|-------------------|
| Typed or Printed Name | Michael W. Haas | Reg. Number            | 35,174            |
| Signature             |                 | Date                   | November 17, 2005 |
|                       |                 | Deposit Account Number | 50-0558           |



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November 17, 2005

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Michael W. Haas

Typed or printed name of person mailing correspondence

Note: Each paper must have its own certificate of mailing by "Express Mail".

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of

Inventor : RUSSELL  
Appln. No. : 10/792,180  
Conf. No.: : 4931  
Filed: : March 3, 2004  
Title: : IMPROVED OPTICAL SYSTEM FOR A GAS  
MEASUREMENT SYSTEM  
  
Group Art Unit : 2878  
Examiner : Taninaco, M.  
Docket No. : 02-68



\* \* \* \* \*

November 17, 2005

AMENDMENT

Hon. Commissioner of Patents  
and Trademarks  
Alexandria, VA 22313-1504

Sir:

INTRODUCTORY REMARKS

In response to the Official Action dated August 17, 2005, please enter the following amendments and consider the following remarks.


**Amendments to the Specification** begin on page 3 of this paper.

**Amendments to the Claims** are reflected in the listing of the claims, which begin on page 4 of this paper.

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.10**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on November 17, 2005 with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:

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Michael W. Haas, Reg. No. 35,174

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**Remarks** begin on page 10 of this paper.